

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							52		/				
3							53	/					
4							54	/					
5							55	/					
6							56	/					
7							57	/					
8							58	/					
9							59	/					
10							60	/					
11							61	/					
12							62	/					
13							63	/					
14							64	/					
15							65	/					
16							66	/					
17							67	/					
18							68	/					
19							69	/					
20							70	/					
21							71	/					
22							72	/					
23							73	/					
24							74	/					
25							75	/					
26							76	/					
27							77	/					
28							78	/					
29							79	/					
30	/						80	/					
31	/	/					81	/	/				
32	/	/					82	/	/				
33	/	/					83	/	/				
34	/	/					84	/	/				
35	/	/					85	/	/				
36	/	/					86	/	/				
37	/	/					87	/	/				
38	/	/					88	/	/				
39	/	/					89	/	/				
40	/	/					90	/	/				
41	/	/					91	/	/				
42	/	/					92	/	/				
43	/	/					93	/	/				
44	/	/					94	/	/				
45	/	/					95	/	/				
46	/	/					96	/	/				
47	/	/					97	/	/				
48	/	/					98	/	/				
49	/	/					99	/	/				
50	/	/					100	/	/				
TOTAL IND.							TOTAL IND.	16					
TOTAL DEP.							TOTAL DEP.	70					
TOTAL CLAIMS							TOTAL CLAIMS	86					